



# THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

## RTR, PSI, “Get a Life First”

- contributed by John Webb  
and Sylvia Cherry

**“No, these are not names for  
trendy rock or rap groups.  
Rather, they represent  
Kentucky’s TEEN  
PREGNANCY PREVENTION  
INITIATIVES.”**

*John Webb, Teen Initiative  
Coordinator in the Division of  
Adult & Child Health (ACH).*

The numbers are startling: the United States has the highest teen pregnancy rate of any industrialized country in the world, while Kentucky recently ranked 16<sup>th</sup> or 17<sup>th</sup> highest in the nation. But with people like John Webb travelling all over the state to combat these unsettling statistics, Kentucky’s numbers may be in for a turnaround. Mr. Webb assists local health

department staff with technical assistance, training, and funds to implement innovative teen pregnancy prevention curricula in their local schools. He provides on-site technical assistance as well as statewide training.

**Postponing Sexual Involvement (PSI)** is a school-based curriculum of five lessons designed for junior high and middle school students and taught by high school students who are trained peer educators. **PSI** is abstinence-based and does not include any information about contraceptives. In Kentucky most schools are using the **PSI** program in the 7<sup>th</sup> grade because research has shown it to be most effective when conducted *before* students become sexually active.

Health departments are more actively involved with **PSI** than with **RTR** because of the amount of extra time required to recruit and train teen leaders and to arrange scheduling between the

high school and the middle schools. Youth service centers have also been actively involved with personnel from the health department. Last year approximately **35,000** students in **230** schools participated in **PSI**.

Evaluation of the **PSI** program has shown mixed results. When included with more comprehensive sexuality education, the program has proven effective in delaying the initiation of sexual intercourse by a third. The program is currently being evaluated in Kentucky. However, since our state does not have a requirement for courses in human sexuality, we may not see as dramatic a decrease in sexual activity here.

**Pre-Teen Postponing Sexual Involvement** is based on the **PSI** curriculum but is modified to be more age appropriate for pre-teens. It is generally taught to 5<sup>th</sup> or 6<sup>th</sup> graders and can be used without peer educators. The premise with **Pre-Teen PSI** is to reach all students *before* they

### CONTENTS

ACH Anecdotes.....	2
LHDO ‘Lights.....	4
Staff Spotlight.....	4
Training Tidbits.....	6

become sexually active so they will have the skills and knowledge to postpone sexual involvement. It also is an abstinence-only program that does not include information about contraceptives. Only recently begun here with limited dollars available through the federal abstinence education grant, there have been approximately **10,000** students in **50** schools who have received the **Pre-Teen PSI** program. This program has not been evaluated.

The “**Get a Life First, Wait to Have Sex**” media campaign was begun in October 1997. The campaign produced four television and five radio spots in the first year which were aired on cable TV and radio throughout the state during programming targeted at teens. Posters featuring teens from the commercials were distributed to schools and health departments. During the summer 45 billboards with the **Get a Life First** message were placed in counties with high teen pregnancy rates. An independent evaluation of the campaign indicated that over 40% of adolescents aged 9 to 14 have been exposed to the media message and can recall the campaign’s theme. Plans call for a new campaign to begin November 1, 1998, for airing of new TV and radio spots.

**Reducing the Risk (RTR).** This school-based curriculum is designed for 16 one-hour sessions that focus on avoiding unprotected intercourse through abstinence, the only 100% safe method. Trainers also discuss contraceptives and their proper use and failure rates. The program includes several highly interactive role-plays. Most

schools that use this curriculum are including it as part of their required 9<sup>th</sup> grade health course. Health department personnel as well as local teachers have been trained to teach **RTR**. No peer educators are used in this program.

Last year the Department for Public Health through local county health departments made **RTR** available to approximately **21,000** students in **115** schools. Evaluations in 1992 showed that after 18 months the number of students initiating intercourse was reduced by 24% and overall the number of students having unprotected intercourse was reduced by 40%.

#### **Community Work-Groups and Coalitions**

Local health departments in **90** counties have convened work-groups to discuss strategies for reducing teen pregnancy in their communities. Many of these groups have submitted applications for Abstinence Education Grants from ACH, while others continue to meet to promote initiatives at the local level.

*“Recent statistics from the Youth Risk Behavior Survey have indicated a decrease in teen sexual activity as well as a decline in birth rates. These are the results we want to see. **PSI, RTR, Get a Life First** – whatever you want to call them – are getting results for Kentucky’s young people. We believe our programs help reinforce the message for teens to **Get a Life First** and finish their education so they will be in a stronger position to be a good parent.”*

*--John Webb*

## **ACH Anecdotes**

### **Lexington Race Proceeds Help Local Groups:**

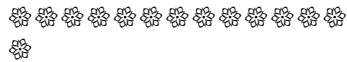
Some \$188,000 was raised by local sponsors and participants in Lexington’s Second Annual Race for the Cure held last April 18. After costs, \$150,000 was distributed – 75% to local and regional organizations for breast health education programs and 25% to the Susan G. Komen Foundation for national breast cancer research.

The 1998 race proceeds went to the following local and regional grant recipients:

Appalachian Regional Health Care  
 Central KY Cancer Program  
 Bourbon Co. Health Dept.  
 Breathitt Co. Health Dept.  
 Buffalo Trace District Health Dept.  
 Cumberland Valley District Health Dept.  
 Floyd Co. Health Dept.  
 Johnson Co. Health Dept.  
 Lake Cumberland District Health Dept.  
 Lexington-Fayette Co. Health Dept.  
 Little Sandy District Health Dept.  
 Magoffin Co. Health Dept.  
 KY African Americans Against Cancer  
 Lexington Planned Parenthood  
 UK Division of Physical Therapy

Lexington’s third annual race is scheduled for September 25, 1999. For more information, call the Race hotline at (606) 281-5900.

- excerpted from “In Touch,” the KY Breast Cancer



## **WORDS OF WISDOM FOR WOMEN**

Research consistently shows that patient satisfaction and compliance are directly related to patient-clinician communication. Studies also show that clinicians can increase their communication with patients by eliciting patient feedback. As health care providers, our first contact with a patient is usually the medical interview that sets the stage for this communication.

The medical interview is the most common procedure we perform yet how many of us have had sufficient education or a thorough recent update in the art of the medical interview process? The medical interview has three functions including gathering data, building rapport, and motivating the patient through education. All phases of the medical interview process are equally important.

Data gathering, or history taking, is usually what we feel most comfortable doing. We are skilled asking medical history questions. However, we

should remember that data gathering is much more effective when it includes open-ended questions that allow the patient to express personal concerns about her health with less emphasis placed on the health provider's needs. An example of such questioning may include "What concerns do you have about your health that you would like to discuss today?" Addressing a patient's concerns first demonstrates respect and caring from the health care provider.

Secondly, creating an environment of trust is essential in establishing an effective relationship with any given patient. This is especially important when addressing emotional issues. What could illicit more emotional personal turmoil than dealing with an unplanned pregnancy, a recently diagnosed or suspected sexually transmitted infection, finding a lump in your breast, or experiencing your first pelvic exam? We as health department clinicians deal on a daily basis with highly charged emotional issues and although they may be "routine" for us, they certainly create emotional issues with our patients. Emotional distress may be expressed as non-verbal or subtle verbal clues. Studies show many clinicians are not "in tune"

with these clues. Examples of such clues a patient may exhibit that indicate emotional distress may include avoiding eye contact, ringing of the hands, fidgeting, nail biting, avoiding the answer to a particular question, laughing inappropriately, and many others. Listening to what the patient is **actually saying or not saying** while showing concern or compassion are valuable tools toward developing trust with a patient.

The third function of the medical interview is to educate the patient and motivate change in health behaviors. This may be the most challenging area in the medical interview as many of us "seasoned" providers know. Unfortunately, some clinicians begin providing information or "counseling" before assessing what the patient knows or is interested in hearing. To be more effective, ask the patient in what area she wants more information. If you want to counsel on weight loss and the patient is more interested in discussing her recent divorce, consider adjusting your counseling techniques on this particular visit to refocus on the patient's primary concern. To help illustrate this point, consider in addition to a referral for mental health

counseling (or a support group), direct your counseling on the stress reduction benefits of increased physical activity and adequate nutritional intake. This type of counseling will address the patient's immediate concern and ideally meet your goal of addressing the weight issue.

Establishing an on-going satisfactory patient-provider relationship begins with a well-done medical interview. The outcome is improved patient and health provider satisfaction as well as better patient compliance. We all want our health care provider to take the time to show us compassion and caring. Something I was taught early in my career that helps to summarize the points made is to answer this question as honestly as you can "How would you like to be your own patient?"

- *submitted by Trisha Mullins, Certified Nurse-Midwife, Women's Health Consultant*



## LHDO 'Lights

### Good News for Kentucky's Uninsured Teens!

Recent Medicaid expansions will allow teens 14 through 18 years of age to receive a medical card. What this means is that teens who are under 100% of the

federal poverty level will be able to receive medical care. The monthly income levels are \$671 for a family of one and \$1,371 for a family of four. A medical card covers just about everything – from doctors' visits to preventive health care to hospitalization.

Health departments have been encouraged to inform their own patients who may be eligible as well as getting the word out in the community to get the young people signed up. Health departments should have already received posters (*see back page*), which should be displayed in all their clinic sites as well as places where teens and families can be reached. Public Health Commissioner Rice C. Leach, M.D., urges the departments to execute an all-out campaign – a blitz and full-court press – to get teens to apply. The teens can apply at their local Community-Based Services Office, formerly the local Department for Social Insurance (DSI) office. The Cabinet for Health Services will be instituting a publicity campaign to notify by postcard some to the potential eligibles. The Cabinet is also considering asking a variety of local offices to function as eligibility-determination sites, such as schools, Head Start Centers, and local health departments. If you have any ideas about promoting CHS' efforts to enroll eligible teens, please contact Lynn Owens pronto at 502-564-4990.

The program began July 1, 1998. The bad news is that during the first two months, only 750 of the approximately 23,000 eligible teens were signed up. Now the good news comes from Lynne Flynn of the Department for Medicaid Services who estimates

that about 2,500 have signed up. Help spread the good news about this new medical coverage so that all of Kentucky's teens will receive the medical care they deserve.

- *submitted by Lynn Owens and Sylvia Cherry*

## Staff Spotlight

### *"Do something, even if it's wrong."*

There has been a whole lot of talk about the need to adopt a new way of thinking about public health in Kentucky. People seem to finally be getting it after five years. May I suggest that it's time to do something? We are not going to think our way into a new way of acting. The only way it's going to work is to act our way into a new way of thinking.

Here is what we are doing so far. We have distributed a brochure, "Health Education and Wellness Education Classes," to all elementary teachers in Oldham County. The content of these courses was developed from readily available sources and approved by the superintendent for curriculum development. Other classes are under development for middle and high schools, as well as programs for businesses, which will include shot clinics. (If you would like to receive a copy of our brochure, give me a call at 502-222-3516.)

We are talking to the Rotary Club to help our community team do more about child abuse. Two private charitable trusts contribute to a "Health Fund" which we administer. With this fund we are able to pay for doctors' visits, prescriptions,

<p>orthopedic shoes, and lots more for people in need.</p> <p>In cooperation with the Tri-County Hospital we are developing a database of all the resources in the county with the idea of doing some case management to direct people to the agencies that can help. This was one of the results of our APEX effort. Another is to work for a Heart Healthy Community. The American Heart Association has great videos and complete course outlines which we have incorporated into all our curricula. In addition, we will have CPR training, nutritional training, and exercise classes in cooperation with the YMCA and the Red Cross.</p> <p>We are really communicating now – with the Red Cross, Tri-County Hospital, Community Action, Community Chest, YMCA, and many other state and local government agencies. We are excited about what is happening, but the key is to do something. <i><b>Do something, even if it's wrong.</b></i> The only mistake now is to continue to think about doing something, while the parade passes you by.</p> <p>- <i>submitted by Paul E. Cuffe, Director, Oldham County Health Dept.</i></p> <p><b>33 in State's 1<sup>st</sup> Nurse Examiner Class</b>  <b>Goal is certification as sexual assault case specialists:</b>  They may not look like pioneers, but the 33 nurses who ended a five-day stay Wednesday, September 16, at the Ashland Plaza Hotel are.</p> <p>After they add 40 hours of clinical and community work to</p>	<p>the 40 hours of lectures they got this week here and pass an exam, they will be certified as sexual assault nurse examiners, the first class of such specialists to be trained in Kentucky.</p> <p>That will enable them to do a better job of collecting clinical evidence from victims of rape and other sex crimes and to testify as expert witnesses in trials of those accused of sex crimes.</p> <p>The program attempted to give participants insight into sex crimes and sex crime victims from every possible perspective. Thus, they heard speakers on everything from the sex criminal's mentality to using bite marks on a victim as evidence against her attacker.</p> <p>Presenters included a retired FBI profiler Ed Saltzbach, who helped catch a number of high profile criminals, among them serial killer Ted Bundy, and Ashland attorney Richard Hughes, who frequently defends criminal suspects. He told the nurses what tactics a defense attorney would use to try to discredit their testimony.</p> <p><i>"It's been a real eye-opener," said <b>Genie Prewitt</b>, a nurse for the Lexington-Fayette County Health Department.</i></p> <p>Prewitt and most of the other nurses hope to go back to their home areas and do more trailblazing, forming teams that will offer sexual abuse victims more efficient and expedited treatment. Such teams, which will also include law officers, prosecutors and victims' advocates, will enable victims to tell their stories just once to all</p>	<p>the professionals who need to hear it.</p> <p>This week's program in Ashland focused on sexual assault response teams Saturday and Sunday, with law officers and prosecutors joining the nurses.</p> <p>Ashland already has such a team, and soon it will have a home – Hope's Place, a converted medical supply store on Winchester Avenue provided by King's Daughters' Medical Center.</p> <p>It's expected to be ready for use October 17, said Tom Thomas, patient care manager in the emergency room at KDMC and co-organizer of the program with Nicki Preston, clinical coordinator of the hospital's e.r.</p> <p>The team approach employing nurse examiners offers several advantages over the traditional emergency room treatment of sexual assault victims. For one, victims can usually be treated quicker. Preston said the goal at KDMC is to get victims taken care of within 5-6 hours; at Hope's Place, the goal will be 2-2 ½ hours.</p> <p>"Rape in itself is a trauma," Preston said. "The time that is spent there (waiting for treatment) only increases that."</p> <p>Another advantage is the special training that nurse examiners will have.</p> <p>"Physicians specialize in pediatric or orthopedics or neurology," Preston said. "There are very few physicians who specialize in (the treatment of) sexual assault."</p>
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Nurse examiners also have more time to testify in court, Thomas said.

Jackie Thornton, a registered nurse at Our Lady of Bellefonte Hospital, said she found the training useful because it showed her how the work she does fits into the treatment process.

"I've collected the physical evidence without knowing how it fit into the legal process," she said.

Diana Danner, a charge nurse at KDMC, said she wanted the training to be better able to help the sexual assault victims she sees in the emergency room at the hospital.

Thomas and Preston took the nurse examiner training in Fort Wayne, Indiana, after they were asked to by Dr. Ann Craig, an Ashland pediatrician who specializes in child sexual assault cases.

Thomas and Preston, with the support of KDMC, offered to host the first nurse examiner class in Ashland. State programs will start next year, Preston said.

Thomas said the nurses will now return to their communities to do clinical work and spend time with police, prosecutors and others who work in the treatment of sexual assault victims.

"That will force them to establish contacts and relationships with those people they're going to be working with" on the teams, he said.

**For more information on upcoming classes, please contact Pam Froncek,**

**Louisville Medical Examiner's Office at 502-852-5587.**

***Congratulations also go to Gladys Gilbert, R.N.,*** who participated in this first pilot program in the state of Kentucky relating to sexual abuse of children and women. After her internship of forty hours, she will be able to examine and gather forensic evidence that can help convict or clear a potential suspect. We find it especially admirable that she took her own vacation hours and paid her tuition of \$300 to attend. Her new title will be S.A.N.E. – Sexual Abuse Nurse Examiner.

*"These were the best workshops I have ever attended. I would have paid double the tuition," said Mrs. Gilbert. "They applied to so many of our health department programs. I recommend them highly and think that every nurse should attend them, even if she will not be practicing in this area of nursing."*

Mrs. Gilbert came from the Rowan County Health Department, and will be instrumental in setting up a program in her area.

- *Excerpted from "The Daily Independent," Ashland, KY, Sept. 17, 1998*

## **Training Tidbits**

### **Public Health Practice Training:**

Public Health Practice Training (formerly Regional Conferences) is scheduled for October and November this year. The seminars have been developed with content related to public health laws, regulations and the

federal, state, and local mandates. Day one is titled "Legal Issues in Public Health Practice"; day two has two sections –one will focus on professional practice issues and the other will be devoted to environmental health issues. Continuing education units will be available. Agendas and registration forms have been distributed to all state and local health departments.

Dates and locations of this training are as follows:

Oct. 26-27	Campbell House Lexington
Nov. 9-10	Executive Inn Owensboro
Nov. 16-17	KY Dam Village Gilbertsville

We look forward to seeing many of you there!

### **RTC Training Courses – FY99**

The Emory University Regional Training Center, Atlanta, GA, will provide fourteen (14) course offerings during fiscal year 1999 (July 1, 1998 – June 30, 1999). All fourteen (14) offerings along with registration and course content have been forwarded to District Training Contacts and LHD Administrators. Any LHD employee wishing to attend these offerings should contact their District Training Contact or LHD Administrator for course content and registration forms. Course dates, locations, and titles are listed below.

Nov. 11, 1998    KY Dam Vill.  
-    Abnormal Pap Smears

Nov. 13, 1998    Louisville  
-    Adolescent Health Issues

- Nov. 20, 1998 Lexington  
 - Orientation for New F.P. Nurses
- Dec. 4, 1998 Lexington  
 - Common GYN Problems
- Dec. 11, 1998 Bowling Gr.  
 - Current Reprod. Health Issues for RNs
- April 23, 1999 Louisville  
 - Assisting Clients To Change
- April 30, 1999 Lexington  
 - HIV/AIDS Update
- May 7, 1999 Frankfort  
 - Linking Quality Services \*
- May 14, 1999 Owensboro  
 - Orientation for New F.P. Nurses
- May 21, 1999 Lexington  
 - Creating An Efficient Clinic
- June 4, 1999 Bowling Gr.  
 - Adolescent Health Issues
- June 18, 1999 Morehead  
 - Postponing Sexual Involvement
- June 24, 1999 Lexington  
 - Pharmacology Update for Clinicians
- June 25, 1999 Lexington  
 - Current Reproductive Health Issues for Clinicians

\*DISTANCE LEARNING  
 EVENT – 4-5 Downlink sites

**Video / Audio Tapes ALERT:**  
 If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

**EDITOR'S NOTE:**

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:  
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